

# INCIDENT INVESTIGATION CHECKLIST

Incident Name:  
Investigation Date:  
Chief Investigator:  
Location:  
County:

## INCIDENT DESCRIPTION:

---

---

---

---

---

- ☐ No Safenet Filed.
- ☐ No Employee Negligence. Explain

---

---

---

- ☐ No Work Lost Injury.
- ☐ Personnel Within Their Scope of Employment. Explain

---

---

---

- ☐ No Fatality.
- ☐ No Potential for Incident to be Significantly Worse. Explain

---

---

---

\_\_\_ INVESTIGATION COMPLETE \_\_\_ FURTHER INVESTIGATION REQUIRED

CHIEF INVESTIGATOR \_\_\_\_\_ DATE \_\_\_\_\_

## FINDING:

---

---

---

LINE OFFICER \_\_\_\_\_ DATE \_\_\_\_\_